

ISSUE SLIP STAPLE AREA (for additional cross references)

POS: PCHN	INITIALS	ID NO.	DATE
FEE DETERMINATION	11/27		10-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MS	842	11/19/01
RESPONSE FORMALITY REVIEW	M.D.	625	03-11-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

11/20/02
 85/1/02